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Indiana State Department of Health

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
	011509	B. WING		04/21/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE				
I VILLAS OF GUERIN WOODS				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
R 000 INITIAL COMMENTS		R 000		
The Villas of Guerin V compliance with 410 I	Voods was found to be in AC 16.2-5 in regard to the	K 000		
	ROVIDER OR SUPPLIER F GUERIN WOODS SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENTS The Villas of Guerin V compliance with 410 I	OF CORRECTION IDENTIFICATION NUMBER: 011509 ROVIDER OR SUPPLIER F GUERIN WOODS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	DEF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	DESCRIPTION DESCRIPTION NUMBER: A. BUILDING: B. WING B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS The Villas of Guerin Woods was found to be in compliance with 410 IAC 16.2-5 in regard to the

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE